

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90503 002 ***150.00

0628870 AV

DOCUMENT # P01000111919

1. Entity Name
NAUTIC CONSULTING, INC.



Principal Place of Business
**1214 SE 23RD TERR
CAPE CORAL FL 33990**

Mailing Address
**1214 SE 23RD TERR
CAPE CORAL FL 33990**



2. Principal Place of Business
1214 SE 23rd TER
Suite, Apt. #, etc.

3. Mailing Address
1214 SE 23rd TER
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
CAPE CORAL, FL
Zip
33990
Country
USA

City & State
CAPE CORAL, FL
Zip
33990
Country
USA

4. FEI Number
02-0541429

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**WILLERSINN, BIGIT
1214 SE 23RD TERR
CAPE CORAL FL 33990**

7. Name and Address of New Registered Agent

Name
WILLERSINN, BIGIT
Street Address (P.O. Box Number is Not Acceptable)
1214 SE 23rd TER
City
CAPE CORAL **FL** Zip Code
33990

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* **Birgit Willersinn**
Signature, typed or printed name of registered agent and title if applicable.

April 19, 2003
DATE

(NOTE: Registered Agent signature required when reinstalling)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLERSINN, BIGIT 5366 CONGO CT. CAPE CORAL FL 33904	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLERSINN, BIGIT 1214 SE 23rd TER CAPE CORAL, FL 33990	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **Birgit Willersinn**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 19, 2003
Date
239-242
5255
Daytime Phone #

CR2E034 (10/02)

CINCINNATI OH 45202

EMPLOYER IDENTIFICATION NUMBER: 02-0541429
FORM: SS-4
0134450069 B

90107899
PO1000111919

FOR ASSISTANCE CALL US AT:
1-800-829-1040

NAUTIC CONSULTING INC
1214 SE 23RD TER
CAPE CORAL FL 33990

OR WRITE TO THE ADDRESS
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 02-0541429. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing and incorrect information in your account. It also could cause you to be assigned more than one EIN.

Based on the information shown on your Form SS-4, you must file the following forms(s) by the date we show.

Form 941	07/31/2002
Form 1120	03/15/2002
Form 940	01/31/2003

Your assigned tax classification is based on information obtained from your Form SS-4. It is not a legal determination of your tax classification and is not binding on the IRS. If you want a determination on your tax classification, you may seek a private letter ruling from the IRS under the procedures set forth in Rev. Proc. 98-01, 1998-1 I.R.B. 7 (or the superceding revenue procedure for the year at issue).

If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

If you have questions about the forms shown or the date they are due, you may call us at 1-800-829-1040 or write to us at the address shown above.

If you're required to deposit for employment taxes (Forms 941, 943, 940, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), we will send an initial supply of Federal Tax Deposit (FTD) coupon books within six weeks. You can use the enclosed coupons if you need to make a deposit before you receive your supply.